

Section 2

Information & Tips on Basic First Aid

RED CROSS HEALTH & SAFETY PROGRAMS

For over 80 years, the American and Canadian Red Cross have trained tens of millions of people in first aid and CPR, translating the consensus of medical science into practical, easy-to-understand information for the public. These first aid and CPR programs are designed to enhance understanding and increase participants' confidence and skill retention.

AMERICAN RED CROSS HEALTH & SAFETY SERVICES

Some courses are available in both English and Spanish but please check with your Local Red Cross Chapter about availability of Spanish courses.

First Aid for the community:

- Basic Aid Training (B.A.T.) *for ages 8-12*
- Community First Aid and Safety
- First Aid for Children Today (F.A.C.T.) *for ages 5-8*
- First Aid - Responding to Emergencies
- Pet First Aid
- Sport Safety Training

Caregiving & Babysitting (Babysitter's Training, Child Care Course, Foundations for Caregiving)

HIV/AIDS Education (Basic, African American, Hispanic, Workplace)

Living Well/Living Safely (Lifeline: Personal Emergency Response Svc)

Swimming & Lifeguarding (Children & Family, Swimming & Fitness, Lifeguard & Aquatic Safety Training)

Youth Programs (HIV/AIDS Programs for Youth, Aquatic Programs for Children & Families, Baby Sitter's Training Course, Youth Services)

For the Workplace:

Core courses like Standard First Aid, Adult CPR/AED, Preventing Disease Transmission, plus various work-related supplemental modules available

For Professional Rescuers:

Emergency Response, CPR, AED Training, Oxygen Administration, etc.

CANADIAN RED CROSS HEALTH & SAFETY PROGRAMS

First Aid for the Community:

- Babysitting Course
- Child Safe
- First Responder
- Vital Link Public
- Vital Link Workplace

Abuse Prevention

Youth Connect = Relationship Violence & Child Abuse, Educational Presentation Services for youth and community leaders.

Homecare *(Ontario and Atlantic provinces only!)*

HomePartners, HomeMakers

Water Safety

AquaAdults, AquaLeader, AquaQuest, AquaTots, OnBoard

Please contact your local Red Cross office in the U.S. or Canada for more information on these courses and to see which programs are available in your area! *(See pages 156 & 163 for contact information!)*

Or you can access more information on the Internet:

American Red Cross <http://www.redcross.org>

Click on Health & Safety Services

Canadian Red Cross <http://www.redcross.ca>

Please note: Courses listed here are from both Red Cross sites as of March 2001 and subject to change. Please contact your local office regarding availability!

What are YOU gonna do about... AN EMERGENCY?

Everyone should know what to do in an emergency. You should know who to call and what care to provide. Providing care involves giving first aid until professional medical help arrives.

The Emergency Medical Services (EMS) is a network of police, fire and medical personnel, as well as other community resources. People can help EMS by reporting emergencies and helping out victims until EMS can arrive.

During a major disaster, EMS groups will become swamped so if the public is prepared to handle some types of emergencies then we can help some of the victims until EMS arrives.

Your role in the EMS system includes the following things:

BE AWARE... realize that this is an emergency situation and you could be putting yourself in danger!

BE PREPARED... to do something about it!

HAVE A PLAN! Check ABCs, Call 9-1-1 (or call for an ambulance) and help the victim, if possible.

TIPS ON MAKING YOUR “EMERGENCY ACTION” PLAN

1. ***BE AWARE...*** make sure it is safe to approach the area and the victim.

Use your senses...

Listen for cries for help; screams; moans; explosions; breaking glass; crashing metal; gunshots; high winds; popping, humming or buzzing noises, etc.

Look for broken glass; an open medicine cabinet; an overturned pot or pan; an open container or bottle near the victim; smoke; fire; downed power lines, etc.

Smell smoke; strong odors or vapors (leave if odor is too strong!), etc.

Look for signs - trouble breathing; trouble talking; grabbing at throat or chest; pale or blue color in face, lips or ears, etc.

2. **BE PREPARED...** the best thing you can do is **STAY CALM...** and **THINK** before you act!

Any time there is an emergency or disaster, most people are scared or confused and many do not know what to do. Take a few seconds and breathe deeply to help slow down your heartbeat and to calm down. Always ask if you can help... either ask the victim (if possible) or the people around who may be helping!

3. **HAVE A PLAN!** Check **ABCs**, call 9-1-1 and help victim, if possible.

...check the victims' **ABCs... Airway, Breathing, Circulation**
(see *Tips on ABCs*)

...call 9-1-1, 0 for an Operator or your local emergency number for an ambulance (see *Tips on Calling for an Ambulance*)

...help the victim, if possible

...and STAY with the victim until help arrives.

Also, before giving first aid, you must have the victim's permission. Tell them who you are, how much training you have had, and how you plan to help. Do not give care to someone who refuses it - unless they are unable to respond!

TIPS ON THE ABCs...

AIRWAY, BREATHING & CIRCULATION

In an emergency, you need to check the victim for **ABCs**:

Airway. Open the Airway by tilting the head and gently lifting the jaw.

- Breathing.** Place your ear over victim's mouth and nose. Look at the chest, listen, and feel for breathing for 3 to 5 seconds.
- Circulation.** Check for a pulse using your fingertips (not your thumb!) in the soft spot between the throat and the muscle on the side of the neck for 5-10 seconds.

TIPS ON CALLING FOR AN AMBULANCE

Whenever there is an emergency, you should use the following tips to help decide if you should call 9-1-1 (or your local emergency number) for an ambulance.

Call if victim...

- ...is trapped
- ...is not responding or is passed out
- ...is bleeding really bad or bleeding cannot be stopped
- ...has a cut or wound so bad and deep that you can see the bone or muscles
- ...has a body part missing or is torn away
- ...has pain below the rib cage that does not go away
- ...is puking, peeing or pooping blood (called passing blood)
- ...is breathing weird or is having trouble breathing
- ...seems to have hurt their head, neck or back
- ...is jerking uncontrollably (called having a seizure)
- ...has broken bones and cannot be moved carefully
- ...acts like they have had a heart attack (chest pain or pressure)

When you talk to 9-1-1 or the emergency number...

- ...try to stay CALM!
- ...try to describe what happened and what is wrong with the victim
- ...give the location of the emergency and phone number of where you are calling from
- ...follow their instructions in case they tell you what to do for the victim.

TIPS ON FIRST AID AND SPREADING GERMS OR DISEASES

Whenever you perform first aid on anyone, there is always a chance of spreading germs or diseases between yourself and the victim. These steps should be followed no matter what kind of first aid is being done... from very minor scrapes to major emergencies!

BE AWARE...

- ...try to avoid body fluids like blood or urine
- ...cover any open cuts or wounds you have on your body since they are doorways for germs!

BE PREPARED...

- ...wash your hands with soap and water before and after giving first aid
- ...have a first aid kit handy, if possible
- ...put something between yourself and the victim's body fluids, if possible
 - blood or urine - wear disposable gloves or use a clean dry cloth
 - saliva or spittle – use a disposable Face Shield during Rescue Breathing
- ...clean up the area with household bleach to kill germs

... and... HAVE A PLAN!

- ...see *TIPS ON MAKING YOUR "EMERGENCY ACTION" PLAN.*

TIPS ON GOOD SAMARITAN LAWS

The definition of a "Samaritan" is a charitable or helpful person. Most states have Good Samaritan laws that were designed to protect citizens who try to help injured victims with emergency care.

If a citizen uses logical or rational actions while making wise or careful decisions during an emergency situation then they can be protected from being sued.

To learn more about your state's Good Samaritan laws, check with your local library or contact an attorney.

What are YOU gonna do about...

BITES & STINGS?

ANIMAL & HUMAN BITES

Americans suffer from approximately 2-3 million bites each year (mostly from dogs). Both humans and animals carry bacteria and viruses in their mouths, however, human bites are more dangerous and infection-prone because people seem to have more reactions to the human bacteria.

Things to watch for...

Puncture or bite marks

Bleeding

Infection - Pain or tenderness, redness, heat, or swelling;
pus; red streaks

Allergic Reaction - Feeling ill, dizzy or having trouble
breathing

What to do...

- Wash the bite as soon as possible to remove saliva and dirt from the bite wound - use running water and soap or rinse area with hydrogen peroxide
- Dry the bite wound by patting gently with a clean cloth
- Control any bleeding using direct pressure with a clean cloth or gauze
- Gently apply an antibiotic gel or cream, if available
- Cover with a sterile bandage or gauze, or clean cloth
- Call local emergency number or contact your Animal Control* (usually listed in the blue Government pages in phone book under County / Municipality)
- Watch for any allergic reactions for a few days (see list above)

...also...

- Get to a doctor or hospital if bleeding is really bad, if you think the animal could have rabies, or if stitches are required!

** Note: For Human bites, there is no need to call animal control, however, most states/provinces do require that all animal and human bites be reported to local police or health authorities!*

INSECT BITES & STINGS

Things to watch for...

Stinger

Puncture or bite mark

Burning pain or Swelling

Allergic Reaction - Pain, itching, hives, redness or discoloration at the site; trouble breathing; signs of shock (pale, cold, drowsy, etc.)

What to do...

- Remove stinger by scraping it away with a credit card, long fingernail or using tweezers. Do not try to squeeze it out since this will cause more venom to get in the victim.
- Wash bite wound with soap and water or rinse with hydrogen peroxide
- Cover with a sterile bandage or gauze, or clean cloth
- Place a cold pack on the bandage (a baggie or cloth with ice will work fine)
- Watch for any allergic reactions for a few days (see list above)

To relieve pain from a insect sting or bite:

Baking Soda - Make a paste of 3 parts baking soda + 1 part warm water and apply to the sting site for 15-20 minutes.

Meat tenderizer - Mixing meat tenderizer (check to see if it contains an ingredient called “papain”) with warm water and applying to the sting will help breakdown the insect venom. (Papain is a natural enzyme derived from papaya.)

Clay mudpack - If outdoors in the wilderness, put a mudpack over the injury and cover with a bandage or handkerchief. The mudpack must be a mix of clay-containing soil since the clay is the key element.

Activated charcoal - empty 2-3 capsules into a container and add a small amount of warm water to make a paste. Dab the paste on the sting site and cover with gauze or plastic to keep it moist. (Note: the powder makes a black mess but it's easily wiped off with a towel!) This will help draw out the venom and it will collect on your skin. (*See TIPS ON FIRST AID KITS for more information on this product.*)

Urine (Pee) - Another remedy useful in the wilderness which sounds totally gross... but has a history of medical applications in a number of cultures... is urine, which will reduce the stinging pain. (Unless you have a urine infection, the urine will be sterile and at the least won't do any harm.)

Some potential pain-relieving and anti-inflammatory remedies include:

fresh aloe - break open a leaf or use 96-100% pure aloe gel

vitamin E - oil from a bottle or break open a few gel capsules

lemon juice - from a fresh lemon

vitamin C - make paste with 3 crushed tablets + drops of warm water

Store brands - If over-the-counter methods are preferred, use a calamine cream or lotion and aspirin or acetaminophen.

SEA CRITTER STINGS

There are too many types of sea critters in our seas and oceans and we cannot cover all the various types of stings and bites that could happen, however, some of the most common ones are shown below. If you want to learn more about specific types of sea critters (or marine life) then check with your local library or on the Internet!

Things to watch for...

Puncture marks or tentacles on the skin

Pain or burning

Swelling or red marks

Possible Allergic Reaction - Pain, itching, hives, redness or discoloration at the site; trouble breathing; signs of shock (pale, cold, drowsy, etc.)

What to do...

- Rinse the skin - use seawater, vinegar, ammonia, or alcohol (in whatever form is handy - either rubbing alcohol or liquor!) Fresh water might make it hurt worse!
- DO NOT rub the skin - it could make it worse!
- Try to remove any tentacles attached to the skin, if possible... but DO NOT use your bare hands... use a towel, gloves or tweezers!
- Soak the sting or make a paste (see p. 29) to help relieve the pain:
For a tropical jellyfish - soak area in vinegar
For a stingray or stonefish - soak area in hot water (not scalding!)

- Cover the sting with a sterile bandage or gauze, or clean cloth
- Call local emergency number, if necessary

To relieve pain from a sea critter sting:

Baking Soda Paste - Make a paste of 3 parts baking soda plus 1 part warm water and apply to the sting site until it dries. Scrape off paste with a knife or credit card to help remove some of the skin. (Note: two other quick and easy pastes are **sand and seawater** or **flour and seawater**! Scrape these pastes off using suggestions above.)

Urine (Pee) – Again, we know this sounds totally gross and weird... but urine (pee) does have a history of medical applications in a number of cultures... and will reduce the stinging pain. (Unless you have a urine infection, the urine will be sterile and at the least won't do any harm!)

SNAKE BITES

Poisonous snakes have triangular heads, slit-like pupils, and long fangs which make puncture wounds at the end of each row of teeth. Non-poisonous snakes will leave teeth marks but will not have the puncture wounds at the end of each row. According to the American Association of Poison Control Centers snakes bite over 50,000 Americans each year and Florida, Georgia, Texas and California have the highest averages. The biggest majority of these bites are from non-venomous snakes.

Things to watch for...

Puncture and/or bite marks

Pain and Swelling

Nausea and puking

Difficulty breathing or swallowing

Possible Allergic reaction – Weakness, redness or discoloration at the site; trouble breathing; signs of shock (pale, cold, drowsy, etc.)

What to do...

- If possible, try to identify the type of snake but don't put yourself in danger!
- Wash the bite wound with soap and water.
- Apply a cold pack (a baggie or cloth with ice will work)
- Get to a doctor or hospital to receive antivenin
- Call local emergency number or animal control, if necessary

If bite is from a Poisonous snake, also do this...

- Remove constrictive items (rings or bracelets) since swelling may occur.
- Keep victim as still as possible to slow down circulation of venom.
- DO NOT apply tourniquet or ice - no longer considered helpful!
- Keep the bitten body part (hand, etc.) below heart level, if possible.
- Monitor breathing and make sure airway is open
- DO NOT let victim eat or drink anything or take any medication since it could interfere with emergency treatment!
- If possible and safe, remove venom - especially if help is hours away! (Most snakebite kits have proper venom extractors in them.)
- DO NOT use the “cut and suck” method... this can cause infection!

The worst effects are not felt for several hours after a bite from most poisonous North American snakes and it is best if the antivenin is given within 12-24 hours of the bite.

LAST RESORT - USE CAUTION SINCE... #1 - IT IS NOT CLINICALLY PROVEN AND #2 – IT AIN’T GONNA BE FUN!

This last option should only be used in an extreme case (if the victim is out in the middle of nowhere and there is NO way of getting professional medical attention within 24 hours) since it IS dangerous! This method is still being researched but is being used by Native South Americans:

When bitten by a venomous snake with NO chance of professional medical care within 24 hours:

- zap the bite with electric shock (touch the site with the wire disconnected from the spark plug and turn the engine over - this could be done with a car, outboard motor, 4-wheeler or motorcycle... or use a small stun gun)
- it appears the 20,000 volt pulse neutralizes the toxic effects possibly by altering the molecules of the venom
- cover the wound and seek medical attention as quickly as possible!

SPIDER BITES & SCORPION STINGS

There are only a dozen or so spiders that can actually cause symptoms or side effects to humans with a bite and the most serious are black widows

and brown recluses. Tarantulas are also a little serious but do not cause extreme reactions and rarely will kill a human.

Scorpions will sting anything that touches them and their sting feels like a small electrical shock (almost like a hot needle). Scorpions whip their tails over their body and zap their enemy many times but it happens so quick it may only feel like one sting! The main threat of both spiders and scorpions is the allergic reaction humans have to their bite or sting so symptoms need to be watched carefully.

Things to watch for...

Bite or sting mark

Pain or burning feeling

Redness or Swelling

Stomach pain or puking

Fever, Dizziness or Headaches

Difficulty breathing or swallowing

Change in skin color or bruising (looks kind of like a bulls-eye)

Possible Allergic reactions - trouble breathing; signs of shock (pale, cold, etc.)

What to do...

- If possible, try to identify the type of spider or scorpion, but don't put yourself in danger!
- Wash the bite wound with soap and water or with rubbing alcohol
- Apply a cold pack (a baggie or cloth with ice will work)
- Get to a doctor or hospital to receive antivenin (if poisonous spider or scorpion)
- Call local emergency number, if necessary
- Watch for any allergic reactions or infections for several days

To relieve pain from a spider bite or scorpion sting:

Ammonia -- Place a small amount of ammonia on a cotton ball and apply directly on the bite or sting for a few seconds. This should help reduce the stinging pain, but please continue to watch for allergic reactions

Tea Tree Oil -- Apply a few drops of 100% Melaleuca alternifolia (Tea Tree oil) directly on the bite or sting but please avoid getting it in or near your eyes. This should help reduce the stinging pain but please continue to watch for allergic reactions.

What are YOU gonna do about... BLEEDING?

CONTROLLING BLEEDING

Things to watch for...

Source of bleeding

Pain and/or Swelling

Object sticking out or stuck in wound (like a piece of metal or glass or a bullet)

Shock (pale, cold or clammy, drowsy, weak or rapid pulse, etc.)

What to do...

- Be aware of your surroundings and be prepared to call an ambulance (*see Tips on Calling for an Ambulance*)

If there **IS** an object sticking out of the wound (or possibly deep inside):

- Put thick soft pads around the object that is sticking out (or around wound)
- Gently try to apply pressure to help stop the bleeding
- DO NOT try to remove or press on the object!
- Carefully wrap with a roller bandage to hold the thick pads around the object
- Get medical attention immediately!

If there is **NO** object sticking out of the wound:

- Be careful since there might be something inside the wound that you can't see!
- Cover the wound with a clean cloth or sterile gauze pad and press firmly against the wound... and follow above steps if victim has an object inside the wound!
- If cloth or gauze becomes soaked with blood, do not remove it! Just keep adding new dressings on top of the old ones.
- You want to try and carefully raise or elevate the injured body part above the level of the victim's heart but be aware...there may be broken bones!
- Keep applying pressure on the dressings until the bleeding stops
- Use a firm roller bandage to cover the gauze or cloth dressings

If bleeding won't stop:

- Put pressure on a nearby artery to help slow down the blood flow
Arm – press the inside of the upper arm, between the shoulder and elbow
Leg – press the area where the leg joins the front of the hip (groin)

NOSEBLEEDS

What to do...

- Pinch the soft part of the nose for about 10 minutes
- Have the person sit and lean forward
- Put an icepack or cold compress on the bridge of the nose

SLASHED OR SEVERED BODY PARTS/AMPUTATION

What to do...

- Keep direct pressure on the stump to stop the bleeding
- Find the body part, if possible, and wrap it in gauze or a clean cloth
- Put the body part in an airtight plastic bag, put the bag in ice water and take it to the hospital with the victim

What are YOU gonna do about...

BREATHING PROBLEMS?

ASTHMA ATTACK

Things to watch for...

Noisy breathing or wheezing
Difficulty in breathing or speaking
Blueness of skin, lips and fingertips or nails

What to do...

- Make sure the victim has nothing in their mouth (keep an open airway)
- Have the victim sit up straight to make breathing easier
- If the victim has medication, or an inhaler, have them take it
- Try to keep the victim and yourself calm!
- If the attack is severe, call for an ambulance or emergency help

Some tips that could possibly help slow down an asthma attack:

(NOTE: These tips are NOT to be used as a replacement for medical attention but could be helpful in the early stages of an asthma attack.)

Pursed lip breathing - Breathe in deeply through the nose and out through your mouth with your lips pursed (like you are blowing up a balloon) at the first sign of the attack. It will help relax the body and possibly get rid of stale air in the lungs.

Drink a warm liquid or caffeine - Drinking one or two cups of coffee or tea that have caffeine could help relax the bronchial tubes. If you decide to drink a soda, do not use ice since the cold could possibly trigger an attack, so the warmer the better.

RESCUE BREATHING (NOT BREATHING)

Rescue breathing (or mouth-to-mouth resuscitation) should only be done when the victim is not breathing on his or her own. Make sure the victim is not choking on anything like vomit, blood or food (*if so, see **CHOKING***) and check them using the **ABCs... Airway, Breathing, and Circulation!**

Things to watch for...

Grabbing at throat

Cannot feel, see or hear any breaths

Trouble breathing or talking

Bluish color of skin, lips, fingertips or nails, and earlobes

What to do...

- BE AWARE... make sure there is no head or neck injury first!
- Carefully move the victim so they are flat on their back.
- Tilt the head all the way back and lift chin. (Be careful with a child's or infant's head... just tilt head a little bit!)
- Look at the chest, listen, and feel for breathing for about 5 seconds

If victim is NOT breathing begin Rescue Breathing...

- Pinch victim's nose shut
- Open your mouth wide to make a tight seal around the person's mouth
- Give victim 2 slow breaths to make their chest rise. (*Note: For an infant, cover both mouth and nose with your mouth.*)
- Check for a pulse using your fingers in the soft spot between the throat and the muscle on the side of the neck for 5-10 seconds
- Continue Rescue Breathing if victim has a pulse but is not breathing...

For Adults - give 1 breath every 5 seconds

For a Child or Infant - give 1 breath every 3 seconds

- Check pulse and breathing every minute until the victim is breathing on their own.

...also...

- If the victim pukes... turn them gently on their side, wipe the mouth clean, turn them back and continue Rescue Breathing until they are breathing on their own.

NOTE: If victim is NOT breathing and DOES NOT have a pulse, see HEART EMERGENCIES for Tips on CPR!

What are YOU gonna do about... BROKEN OR FRACTURED BONES?

A fracture is the same as a break and can range from a small chip to a bone that breaks through the skin. If you suspect a fracture, use a splint to keep the victim from moving too much and get professional help...and let the trained medical experts decide what is wrong!

NOTE: For Neck or Spine injuries, see HEAD, NECK OR SPINE INJURIES

Things to watch for...

Pain, bruising or swelling

Bleeding

Limb or area moves strange or looks strange

Shock (pale, cold or clammy, drowsy, weak or rapid pulse, etc.)

What to do...

- DO NOT move bone or try to straighten the limb if the bone breaks through skin!
- Try not to move the victim unless they are in danger
- Have the victim sit or lie down to rest the injured part
- If possible, raise or elevate the injured part
- Put a cold compress or ice pack on the injury to reduce swelling
- If help is delayed or you need to move the victim, splint the injury the same way it was found
- Be prepared to call an ambulance, if necessary

TIPS ON SPLINTING

A splint can be made using all kinds of items around the house like magazines, newspapers, a pillow, wood, etc.

Some basic tips on splinting include...

...always splint an injury the same way it was found

...make sure the item being used for the splint is longer than the broken bone

- ...use cloth strips, neck ties, thin rope, etc. for ties
- ...put something soft between the splint and the bone
- ...tie the splint above and below the break... but don't tie it too tight!
- ...touch an area below the splint and ask the victim if they can feel it... if not, loosen ties!
- ...put the cold compress or ice pack on the injury and keep the victim warm with a blanket or whatever is available.

What are YOU gonna do about...

BURNS?

Depending on how bad a burn is will determine what it is called:

First degree burns - hurts only the top layer of skin; turns pink or red; some pain and swelling; no blisters (usually from sun, chemicals or touching something hot)

Second degree burns - hurts the two upper layers of skin; very painful and causes swelling that lasts several days; blisters and possibly scars (usually from deep sunburn, chemicals, fire or hot liquid spills)

Third degree burns - hurts all skin layers and possibly tissue; charred, oozing or raw areas; destroys the cells that form new skin; nerve cells are destroyed and can take months to heal (usually from being exposed to fire or electrical shock for a long time). These types of burns can cause severe loss of fluids, shock, and death.

BURNS FROM FIRE OR HOT LIQUIDS

Things to watch for...

Skin is red and swollen

Blisters that may open and ooze clear or yellowish fluid

Minor to Severe Pain

What to do...

- BE AWARE... and do not put yourself in danger!
- Stop the burning by putting out flames and move the victim from the source of the burn. (If victim is on fire, tell them to STOP, DROP and ROLL!)
- Cool the burn by using large amounts of running cool water for about 10 minutes. For hard to reach areas, wet a cloth, towel or sheet and carefully keep adding water!
- Try to remove any clothing, rings or jewelry in case of swelling (DO NOT remove any items that are stuck to the burned area!)
- Cover the burn with a sterile bandage or clean cloth. (Try to keep fingers and toes separated with the bandage or cloth, if possible.)
- Seek medical attention, if necessary.

Things you should NOT do...

- DO NOT break any blisters!
- DO NOT remove any item that sticks to the skin!
- DO NOT apply any creams, oils or lotions to the burns - wait for the medical experts!

CHEMICAL BURNS

Things to watch for...

Rash or blisters

Trouble breathing

Dizziness or headache

Name of the chemical

What to do...

- Rinse area with cool running water for at least 15 minutes
- Remove any clothing, rings or jewelry that may have the chemical on it.
- Make a note of chemical name to give the medical staff or hospital

ELECTRICAL BURNS

Things to watch for...

Electrical appliances or wires

Downed power lines

Sparks and/or crackling noises

Victim may have muscle spasms or trembling

Lightning during a storm

What to do...

- BE AWARE... and do not put yourself in danger! If a power line is down, wait for the Fire Department or Power Company.
- DO NOT go near victim until the power is off! Once off, it is okay to touch the victim!
- Check **ABCs** if victim is passed out
- Do not move victim unless they are in danger.
- There should be 2 wounds - usually have both enter and exit burns

- DO NOT try to cool the burn with anything!
- Cover the burn with a dry sterile bandage or clean cloth
- Seek medical attention, if necessary

SUNBURN

Sunblocks and lotions should be applied at least 20 minutes **BEFORE** going in the sun so it can be absorbed into the skin layers. Remember... dark colors attract the sun and light or white colors reflect sunlight! And you can get sunburned on a cloudy day just as easily as a sunny day!

Things to watch out for...

Blisters or bubbles on the skin

Swelling or pain

What to do...

- Cool the burn by using cool cloths or pure aloe vera gel
- Get out of the sun or cover up so you won't get further damage
- Take care of blisters by loosely covering them and don't pick at them!

To help relieve the pain from a sunburn if NO blisters exist:

Baking soda - add ½ cup baking soda to a warm bath and soak for half an hour

Vinegar - put some regular or cider vinegar on a cloth and apply to sunburned area.

Whole milk - apply a cool compress soaked in whole milk to the area.

Jing Wan Hong - (also known as Ching Wan Hung) an ointment that contains 8 Chinese herbs and is found in many natural foods and Oriental pharmacies.

What are YOU gonna do about... CHOKING?

ATTENTION: There are two separate “**What to do...**” sections here... one for ADULTS & CHILDREN and a different one for INFANTS!

Things to watch for...

Trouble breathing
Coughing or choking for several minutes
Gripping the throat with one or both hands
High-pitched wheezing
Bluish color of skin, lips, fingertips or nails, and earlobes

What to do... for ADULTS & CHILDREN (*see next page for INFANTS*)

- Tell the victim to try and cough it out
- If the victim stops breathing, then BE PREPARED to give the Heimlich maneuver and tell someone to call an ambulance.
- Stand behind the victim and place your fist (thumb side in) just above the victim’s belly button
- Grab your fist with your other hand and give quick, upward thrusts into their stomach until the object is coughed up or the victim passes out.

If the Adult or Child passes out:

- Check for an object in the victim’s mouth and try to clear it out with your fingers
- Begin Rescue Breathing (*see BREATHING PROBLEMS*)

If no air gets in Adult or Child during Rescue Breathing:

- Put the heel of one hand just above the victim’s belly button and put your other hand on top of the first
- Give about 6-10 upward thrusts to try to clear their windpipe
- Check for an object in the victim’s mouth and try to clear it out with your fingers
- Try to give Rescue Breathing again to see if air will go in
- Continue above steps until victim can breathe on their own or until help arrives

What to do... for INFANTS

- If the infant stops breathing, have someone to call an ambulance.
- Turn the infant facedown on your forearm and support their head with that hand
- Give 5 back blows between the infants' shoulder blades with the heel of your other hand
- Turn infant over so it is facing up on your forearm and use your first two fingers to find the center of the breastbone on infant's chest
- Give 5 thrusts to the chest using only 2 fingers!
- Repeat all steps until the object is coughed up or the infant passes out.

If the Infant passes out:

- Check for an object in the infant's mouth and try to clear it out with your fingers
- Begin Rescue Breathing (and remember... cover both mouth & nose on Infants!) (*see BREATHING PROBLEMS*)

If no air gets in Infant during Rescue Breathing:

- Continue above steps (back blows and thrusts on the chest) until infant can breathe on its own or until help arrives

What are YOU gonna do about...

COLD-RELATED ILLNESSES?

FROSTBITE

Frostbite (or frostnip which is the early stages of frostbite) is when certain parts of your body are exposed to severe or extreme cold - mainly your fingers, toes, ears, cheeks and nose. The freezing damages and dries out cell tissues and membranes, and extreme cases can impact deep nerves, muscles or even bones. (Some extreme cases can even lead to the loss of a limb!)

Things to watch for...

Skin appears white and waxy

Numbness or no feeling in that area

Possible blisters

What to do...

- Handle the area gently; DO NOT rub the affected area
- Remove any constrictive clothing (gloves, boots, socks, etc.) and any jewelry
- Warm gently using body heat or soaking the area in warm water (between 100-105 degrees Fahrenheit / between 38-41 degrees Celsius) until area appears red and feels warm. *(Note: There will most likely be a burning sensation or pain as the area warms back up.)*
- Loosely bandage the area with dry, sterile dressing or cloth
- If fingers or toes are frostbitten, separate them with sterile gauze or clean cloth.
- Try not to break any blisters

Things you should NOT do...

- DO NOT rub or massage the area since this may cause damage to the cells!
- DO NOT rub snow on the area!
- DO NOT try to warm with dry radiant heat (meaning don't warm with a blow-dryer or hold in front of a fire or hot stove). Warm water is best!
- DO NOT try to thaw a frostbitten body part if it has a chance of re-freezing (if you are stuck in the wilderness) since this could cause more damage.

HYPOTHERMIA

Hypothermia can begin to set in when your body core (vital organs - heart, lungs, and kidneys) drops below 95 degrees Fahrenheit (35 degrees Celsius). When exposed to extreme cold for a long time, your brain begins to shut down certain bodily functions to save internal heat for the body core.

Things to watch for...

Shivering and numbness

Confusion or dizziness

Stumbling and weakness

Slow or slurred speech

Shock (pale, cold or clammy, drowsy, weak or rapid pulse, etc.)

What to do...

- Gently move the victim to a warm place
- Check breathing and pulse (**ABCs**)
- Handle the victim gently and **DO NOT** rub the body or limbs
- Remove any wet clothing and replace with dry clothing and/or blankets
- If possible, place victim in a sleeping bag, especially if in the wilderness! (Note: Your body heat can help heat the victim... so cuddle up if the victim says it's okay!)
- Cover the head and neck with a hat or part of a blanket (75% of the body's heat is lost through the head)
- **DO NOT WARM VICTIM TOO QUICKLY**, such as putting them in warm water! (If the body warms too fast, it can dump the cold blood into the heart and body core causing a possible heart attack or a drop in body temperature.)
- If hot water bottles or hot packs are used, wrap them in a towel or blanket first and place them on the side of the chest or on the groin area. (If these are put on arms or legs then blood could be drawn away from the body core.)
- Let victim sip a warm, sweet, nonalcoholic drink.
- Closely watch the victim's **ABCs...Airway, Breathing, and Circulation**

Things you should NOT do...

- DO NOT rub or massage the victims limbs!
- DO NOT put victim in a hot bath! It will warm him/her TOO quickly!
- DO NOT put hot packs on arms or legs... put them against the body (chest or groin area)!

What are YOU gonna do about...

CONVULSION & SEIZURES?

CONVULSION

A convulsion is usually brought on by a high fever, poisoning, or injury and is basically like a seizure since the symptoms are similar.

SEIZURE

Seizures are usually related to epilepsy (also known as seizure disorder since seizures occur repeatedly during their life) and about 2 million Americans suffer from it. There are many types and forms of seizures that range from a short episode of blank staring to convulsions and most only last from 1-3 minutes or less.

Things to watch for...

Victim falls to floor and shakes or twitches in the arms, legs or body for a minute or longer

Blank staring or vacant expression and minor twitching of the face or jerking of the hand (usually a mild epileptic seizure)

No memory of what happened, confusion

What to do...

- Have someone call for an ambulance, especially if victim was poisoned or injured or if seizure lasts more than 3-5 minutes
- Stay calm... you cannot stop the convulsion or seizure!
- DO NOT put anything between the victim's teeth or in their mouth!
- Move things that could hurt or fall on the victim
- Put something soft under the victim's head, if possible
- When the convulsion or seizure is over, help roll the victim on their side to keep an open airway.
- Look for any other injuries and keep checking **ABCs**.
- Stay with the victim until help arrives and try to calm them down

If victim is epileptic:

Ask if the victim takes any medications for seizures and help him/her take them according to the instructions.

What are YOU gonna do about...

DIZZINESS & FAINTING?

DIZZINESS

Dizziness is primarily a symptom and is usually combined with nausea, sweating, and a feeling of some kind of movement that really isn't there.

Things to watch for...

If dizzy feeling does not pass quickly or is really bad
Fainting or passing out
Vapors or strange smells

What to do...

- Have the victim sit or lie down and close their eyes or focus on a nearby object that is not moving
- Tell the victim to try to keep their head still

FAINTING

Fainting is a temporary loss of consciousness and may indicate a more serious condition. It is usually caused because of a lack of oxygenated blood to the brain.

Things to watch for...

Visible injuries like bleeding from the ears or a bite or sting
Pupils are enlarged or very small (if different sizes, it could be a stroke)

What to do...

- If victim is still passed out, put victim on their side to keep an open airway.
- Once victim is awake, gently roll them onto their back
- Prop feet and lower legs up with pillows or something...if victim is not hurt
- Loosen any tight clothing, especially around the neck and waist
- Check **ABCs** (breathing & pulse)
- Make sure the victim rests before trying to get up
- If necessary, contact doctor if symptoms persist

What are YOU gonna do about... DROWNING?

Things to watch for...

Signs of breathing

Pulse

What to do...

- Have someone call for an ambulance
- Once the victim is out of the water, check **ABCs** and see if there are any injuries or objects in the mouth
- If victim is not breathing or has no pulse, begin Rescue Breathing and/or CPR (*see **BREATHING PROBLEMS** for Rescue Breathing and **HEART PROBLEMS** for CPR*)
- Once victim begins breathing on their own, cover with a blanket or dry towels to keep warm and have them lay on their side for a while
- Stay with the victim at all times until medical help arrives

What are YOU gonna do about... EYE INJURIES?

Things to watch for...

Severe pain

Object stuck in the eye (like a piece of metal or glass)

Redness and swelling

Blurry vision or tears or trouble keeping eye open

**If injury is from a chemical, make a note of the name for
Poison Control**

What to do...

- Avoid rubbing the eye since this can cause more damage
- Have the victim sit down with their head tilted backwards

If the injury is a loose foreign object:

- Wash YOUR hands before touching the victim's eye area!
- Gently separate the eyelids to see if you can locate the foreign object. You can try to remove the object by wiping gently with a moistened tissue.
- Ask the victim if they wear contact lenses, and if so, ask him/her to remove them.
- Flood the eye with lukewarm water or a saline solution
- Get medical help if you are not successful!

If there is an object sticking out of the eye:

- Put thick soft pads around the object that is sticking out
- DO NOT try to remove or press on the object!
- Carefully wrap with a roller bandage to hold the thick pads around the object
- Get medical attention immediately!

If the injury is from a chemical:

- Call your local Poison Control Center and be ready to tell them what the chemical is
- If victim is wearing contact lenses, ask him/her to remove them, if possible, to keep them from getting lost while flushing the eye... but ask Poison Control before removing them!

- Flush the eye with clean lukewarm water or a saline solution and make sure the head is turned so it doesn't pour into the other eye (if it is okay).
- DO NOT press or rub the eyes!
- Cover both eyes with clean dressing and bandage it firmly in place. (Covering both eyes will keep victim still!)
- Take victim to hospital or for professional medical assistance.

Things you should NOT do...

- DO NOT try to remove an object that is stuck into the eye!
- DO NOT try to remove their contacts (if any)... let the victim do it!
- DO NOT try to move the eyeball if it comes out of the socket!

What are YOU gonna do about... HEAD, NECK OR SPINE INJURIES?

Things to watch for...

Convulsions or seizures

Intense pain in the head, neck or back

Bleeding from the head, ears or nose

Blurry vision

Tingling or loss of feeling in the hands, fingers, feet or toes

Weird bumps on the head or down the spine

Shock (pale, cold or clammy, drowsy, weak or rapid pulse, etc.)

What to do...

- Do not try to move the victim unless they are in extreme danger and support the victim's head and neck during movement.
- Have someone call an ambulance immediately!
- Check to see if victim is alert and check **ABCs** (Airway, Breathing & Circulation) and if you have to give Rescue Breathing or CPR... **DO NOT** tilt their head back! (*see **BREATHING PROBLEMS** for Rescue Breathing and **HEART PROBLEMS** for CPR*)
- Try to control any bleeding using direct pressure (*see **BLEEDING***)
- If the victim is passed out, hold their head between your hands while waiting for help to arrive. This will keep them from moving suddenly when they wake up.

What are YOU gonna do about...

HEART PROBLEMS?

Heart attacks can kill and most victims die within 2 hours of the first few symptoms! Most people deny they are having a heart attack even if they have chest pains and/or shortness of breath... but DON'T take any chances! These are your body's warning signs, so pay attention! A heart attack can lead to Cardiac Arrest.

Cardiac arrest means that the heart stops beating and causes the victim to pass out followed by no sign of breathing and no pulse.

Cardiopulmonary resuscitation (CPR) is used to help pump some blood through the body to the brain until the medical experts arrive! When you combine CPR and Rescue Breathing, you are giving the victim better odds of surviving since you help supply blood and oxygen to vital organs. However, if CPR is not done correctly, there is a chance of injuring the victim internally... especially on the elderly, children and infants!

If you have not been trained or do not feel comfortable doing Rescue Breathing please realize the primary step is doing the compressions to aid in the blood flow. It is not even necessary to stop and check for a pulse - just look and listen for signs and keep doing compressions! The Red Cross teaches many First Aid courses, including CPR, so please contact your local Chapter and ask about their courses! (*See **Red Cross Health & Safety Programs** at beginning of this section*)

HEART ATTACK

Things to watch for...

Chest pain that can spread to the shoulder, arm, or jaw
Shortness of breath or trouble breathing
Strange pulse (faster or slower than normal or sporadic)
Pale or bluish skin color

What to do...

- Tell the victim to stop what they are doing and sit down and rest
- Call for an ambulance immediately!
- Loosen any tight clothing, especially around neck and waist
- Ask the victim if they are taking any prescribed medicines for their

- heart... and if they do, have them take it!
- Take a couple of pure aspirin, if available
- Closely watch the victim's breathing and be prepared to give CPR

CARDIAC ARREST (GIVING CPR) – Please be aware there are steps below that include special instructions for **CHILDREN** or **INFANTS**!

Things to watch for...

Not responding or passed out
Not breathing and no pulse

What to do...

- Call for an ambulance immediately!
- Check **ABCs... Airway, Breathing, & Circulation**
- Tilt the head all the way back and lift chin. (Be careful with a child's or infant's head... just tilt head a little bit!)
- Look at the chest, listen, and feel for breathing for about 5 seconds

If victim is NOT breathing begin Rescue Breathing...

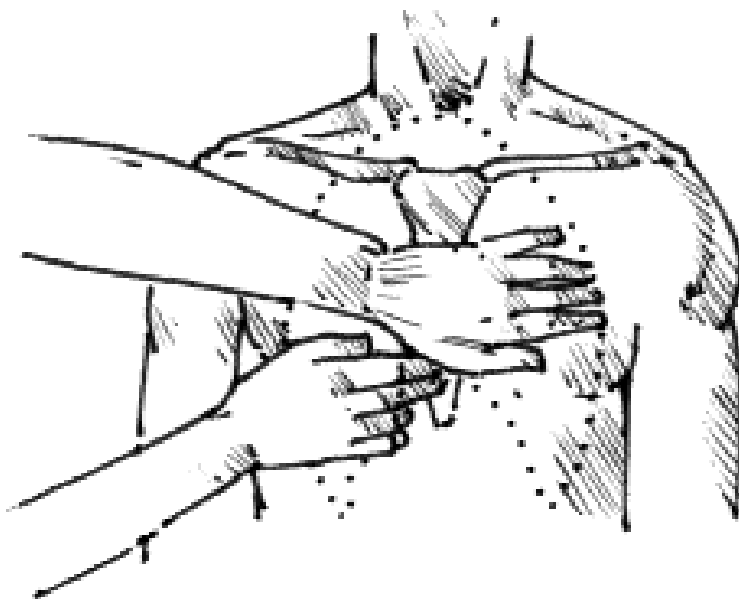
- Pinch victim's nose shut
- Open your mouth wide to make a tight seal around victim's mouth
FOR INFANT - cover both mouth and nose with your mouth!
- Give victim 2 slow breaths to make their chest rise.
- Look at the chest, listen, and feel for breathing for a few seconds

To begin CPR

- Find hand position in center of chest over breastbone
 – see illustrations 2-1 through 2-3
 FOR ADULTS – [see illustration 2-1 on page 54]
 FOR CHILDREN – [see illustration 2-2 on page 55]
 FOR INFANTS – [see illustration 2-3 on page 56]
- Begin chest compressions using the following guidelines...
ADULTS – Using **both** hands, compress chest 15 times
 in 10 seconds
CHILDREN – Using **one hand**, compress chest 5 times
 in 3 seconds
INFANTS – Using **2 fingers**, compress chest 5 times in 3 seconds
- Breathe into victim
ADULTS – Give 2 slow breaths
CHILDREN & INFANTS – Give 1 slow breath
- Repeat chest compressions and breathing until ambulance arrives!
- If victim recovers (starts breathing and pulse resumes), then turn victim onto their side to keep the airway open

CPR POSITION FOR ADULTS

Illustration 2-1



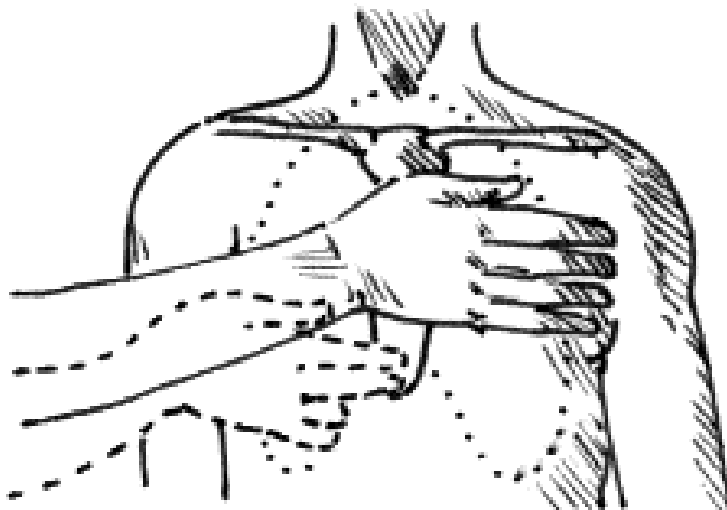
1. Find hand position



2. Position shoulders over hands. Compress chest 15 times.

CPR POSITION FOR CHILDREN

Illustration 2-2



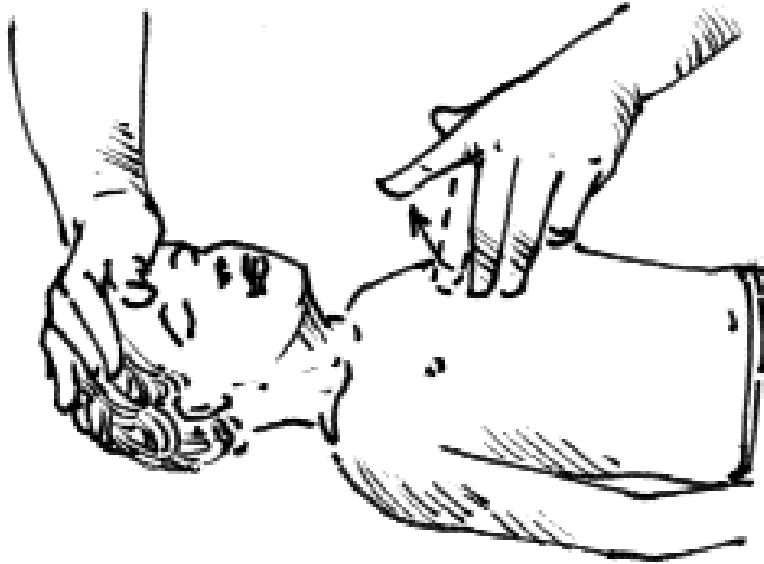
1. Find hand position



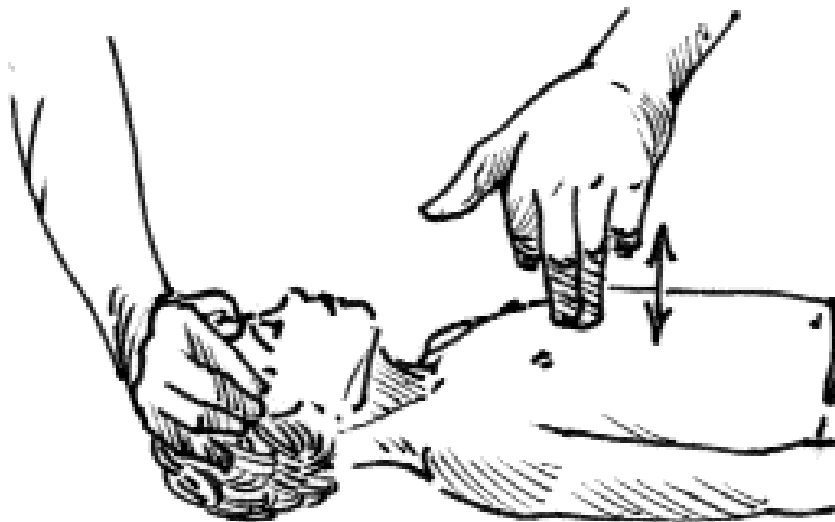
2. Position shoulder over hand. Compress chest 5 times.

CPR POSITION FOR INFANTS

Illustration 2-3



1. Find finger position



2. Position hand over fingers. Compress chest 5 times.

What are YOU gonna do about...

HEAT-RELATED ILLNESSES?

There are two major types of heat illness – Heat Exhaustion and Heat Stroke. Both are serious; however, **HEAT STROKE** is a major medical emergency and getting the victim's body temperature cooled down is more critical than getting fluids in their body!

Things to watch for...

Heat exhaustion

Cool, clammy, or pale skin
Light-headed or dizzy and weak
Racing heart
Sick to the stomach (nausea)
Very thirsty (sometimes)
Heavy sweating (sometimes)

Heat Stroke

Very hot and dry skin
Light-headed or dizzy
Confusion, drowsiness or fainting
Rapid breathing and rapid heartbeat
Passing out or slipping into a coma

What to do...

- Get victim to a cool or shady place (out of the sun) and rest
- Loosen clothing around waist and neck to improve circulation, and remove sweaty clothes
- Cool down the victim's body - put wet cloths on the victim's face, neck and skin and keep adding cool water to the cloth... or if outdoors, use a hose or stream. Also, fan the victim!
- Have the victim drink cool water! (NO alcoholic beverages – they dehydrate!)

If victim refuses water, pukes or starts to pass out:

- Call for an ambulance
- Put victim on their side to keep airway open
- Keep cooling down their body by placing ice or cold cloths on their wrists, neck, armpits, and groin area (where leg meets the hip)!
- Check the victim's **ABCs... Airway, Breathing, & Circulation**
- Stay with the victim until medical help arrives

Remember, **HEAT STROKE** is a medical emergency and can cause the victim to slip into a coma, so getting the victim's body temperature cooled down is more critical than getting fluids in their body!

What are YOU gonna do about... INFECTION?

It is important to be very careful and protect yourself against the spread of disease or infection when caring for a wound that is bleeding. (See **TIPS ON FIRST AID AND SPREADING GERMS OR DISEASES** at beginning of this section)

INFECTION

Germs are the main cause of an infection and whenever you perform first aid on anyone (including yourself), there is always a chance of spreading germs or diseases. All injuries - from tiny cuts to massive wounds - must be cleaned immediately to reduce the chances of infection!

Things to watch for...

Sore or wound is red and swollen or has red streaks

Sore or wound is warm or painful

Wound may open and ooze clear or yellowish fluid

Fever or muscle aches or stiffness in the neck

What to do...

- ALWAYS wash your hands before and after caring for a wound... even if it is your own!
- Immediately wash minor wounds with soap and water or flush with hydrogen peroxide
- Cover wound with sterile bandage or gauze and change it daily
- Use an antibiotic cream or gel to help disinfect the wound and kill germs
- If infection gets worse, you may want to see a doctor

What are YOU gonna do about...POISONING?

Please make sure you have the local **Poison Control Center** phone number near a telephone since many poisonings can be cared for without the help of ambulance personnel. The people who staff Poison Control Centers (PCC) have access to information on most poisonous substances and can tell you what care to give to counteract the poison.

NATIONAL POISON CONTROL # 1-800-222-1222 (U.S. only)

Internet: <http://www.1-800-222-1222.info>

If outside U.S. write in your local Poison Control Centre phone # here:

POISON - ABSORBED THROUGH THE SKIN

Things to watch for...

Reddened skin or burns

Poison on skin or clothing

Bites or puncture marks from insect or animal

(see BITES & STINGS)

What to do...

- Be aware and make sure it is safe...then ask what happened
- Move the victim to safety (away from the poison), if necessary
- Find the container (if any) or the name of the poison and call your local Poison Control Center or an ambulance
- Remove clothing that may have the poison on it and store them in a bag or someplace safe so people or animals won't touch them by accident!
- Flood skin with running water (hose or faucet) for 10 minutes or so
- Wash area gently with soap and water
- Monitor the victim's breathing and watch for any allergic reactions

POISON - INHALED BY BREATHING

Things to watch for...

Strong odors or fumes

Find the source of the odor or fumes

Difficulty in breathing or dizzy

What to do...

- Be aware and make sure it is safe...then ask what happened
- Get the victim out to fresh air
- Avoid breathing the fumes and open windows and doors wide
- Call your local Poison Control Center or an ambulance
- If victim is not breathing, begin **Rescue Breathing**
(see **BREATHING PROBLEMS**)

POISON - POISONOUS PLANTS (IVY, OAK, & SUMAC)

The most common poisonous plants found in Canada and the lower 48 states in the U.S. include:

Poison ivy - can grow as a shrub, a single-stemmed ground cover, or a trailing or climbing vine and is found throughout most of Canada and the U.S. The leaves usually come in leaflets of three to a stem and vary widely in color, size, shape and texture. *[see illustration 2-4 on page 62]*

Poison oak - can grow as a shrub, ground plant, or vine and is found throughout the West and Southwest (very common in Oregon and California). It also varies widely in shapes and colors but usually has the distinctive shape of an oak leaf. The leaves usually come in leaflets of three to a stem but can be in groups of five, seven or nine. It is best to learn what it looks like where you live. *[see illustration 2-5 on page 62]*

Poison sumac - is a tall shrub or small tree and mostly lives in swamps, bogs and other wet places. It has white berries and bright green, pointy leaves that grow 6 to 10 leaves per stem with one leaf on the tip and the rest on both sides of the stem. *[see illustration 2-6 on page 63]*

All 3 of these plants have a sap called **urushiol** (pronounced oo-roo-she-ol) which is a sticky, colorless oil that stains things black when exposed to air. The rash is caused by your reaction to this oil and can show up as quickly as a few hours or several days.

NOTE: The rash itself is not contagious but the OIL (urushiol) is what is transferred by hands, fingers, or clothing!! Make sure you wash your hands after touching the rash to avoid spreading the urushiol!

Things to watch for...

Inflamed red rash

Extremely itchy skin

Blisters

Swelling or fever

What to do...

- It is CRITICAL to wash the affected area thoroughly with soap and water and follow up with rubbing alcohol.
- Make sure you immediately remove and wash any clothing or shoes that got exposed to the poison
- If a rash or open sores develop, apply a paste of baking soda and water several times a day or use a calamine lotion on the area
- If condition gets worse or spreads onto large areas of the body or face, see a doctor

To relieve pain from poison ivy, oak, or sumac:

Jewelweed - If in the wilderness, a plant that grows near poison ivy called jewelweed (tiny, orange-yellow, cornucopia-shaped flowers with reddish or white spots) can be used directly on the rash or on the area that was brushed against the ivy. Crush the leaves and the juicy stems in your hands and apply to the area - even if there is no rash yet since it may help prevent a reaction! *[see illustration 2-7 on page 63]*

Baking soda - For a paste mix 3 parts baking soda with 1 part water or dissolve ½ to 1 cup in your bath.

Cider vinegar - Mix 1 part cider vinegar with 10 parts water and wash area or soak a cloth and apply that to the area.

Fresh mud or clay mudpack - Leave on until it dries and shower it off. (DO NOT use this method if any of the skin is broken or cracked to prevent infection!)



Illustration 2-4
Poison Ivy



Illustration 2-5
Poison Oak

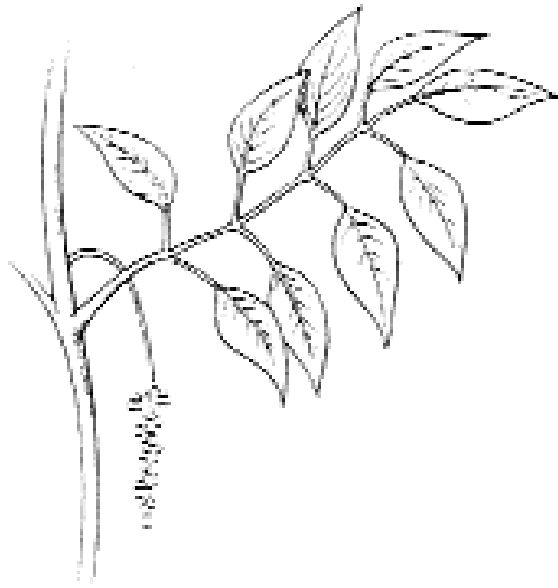


Illustration 2-6
Poison Sumac



Illustration 2-7
Jewelweed

POISON - SWALLOWED

Things to watch for...

Burns on the mouth, tongue and lips

Stomach pains

Open medicine cabinet; spilled or open containers

Difficulty in breathing or dizzy

Convulsions or seizures

Passed out

What to do...

- Find out exactly what, how much, and how long ago it was swallowed
- Call local Poison Control Center or an ambulance and have bottle/container handy
- NEVER give the victim anything to eat or drink unless told to do so by the Poison Control Center or a Medical professional!!
- If the victim pukes, lay them on their side to keep the airway open. Save a sample of the vomit IF the poison is unknown so the hospital can try to identify it.

It is a good idea to keep a few 1 ounce bottle of SYRUP OF IPECAC (pronounced ip' - ê - kak) in your first aid kit and use only on the advice of a Medical professional or the Poison Control Center! (Syrup of Ipecac is sold by most pharmacies without a prescription.)

What are YOU gonna do about... SHOCK?

Things to watch for...

Pale, cold, and clammy skin
Rapid heartbeat but weak pulse
Quick and shallow breathing
Dizziness or confusion
Bluish color on lips and fingertips or nails
Sick to their stomach or puking
Intense thirst

What to do...

- Call for an ambulance
- Look for any injuries and monitor **ABCs... Airway, Breathing and Circulation**
- Position the victim using the following tips:
 - alert and awake - place victim flat on their back with legs raised slightly
 - passed out or puking - place victim on side to keep the airway open
- Loosen any tight or restrictive clothing
- Cover victim with a blanket or towel
- Talk calmly to the victim until help arrives (whether they are alert or not!)

What are YOU gonna do about... A STROKE?

Strokes are one of the most common causes of death in North America. According to the National Stroke Association about 750,000 Americans suffer strokes each year and about one-fourth of those victims die. In Canada about 50,000 new strokes are reported annually and they are the 4th leading cause of death to Canadians according to the Heart and Stroke Foundation of Canada.

A stroke is caused by a lack of oxygen to the brain since the blood is not reaching it because...

...a blood vessel bursts or leaks (sometimes called a bleeder) or
...an artery is clogged by a large deposit of fatty tissue or a blood clot

NOTE: You only have 2 - 6 hours maximum to stop permanent brain damage from a stroke - so get to a hospital as quickly as possible (within 3 hours is best)! Most Emergency Rooms now have medicine to reduce the damaging long-term effects of a stroke - if the medication is given in time!

Things to watch for...

Slurring or mumbling

Loss of balance or stumbling

Different sized pupils (one pupil small and one pupil enlarged)

Loss of muscle control on one side of the body

Severe headache

Blurred or double-vision

Shock (pale, cold or clammy, drowsy, weak or rapid pulse, etc.)

What to do...

- Call for an ambulance
- Get the victim to lie back with head raised (place pillows or blankets under head and shoulders so they're partially sitting up)
- Loosen any tight or restrictive clothing
- See if there are any other injuries
- If victim is drooling or having problems swallowing then place them on their side to keep the airway open
- Stay with victim until medical help arrives

TIPS ON FIRST AID KITS

You should always be prepared and keep a First Aid Kit in your home and your car. If you like the outdoors (hiking, biking, etc.) you should carry a small kit in your fanny pack or backpack as a precaution. Always let your family know where the kits are in both the home and cars.

There are many different sizes of First Aid Kits on the market. Or you can make your own kits at home and we suggest you include the following products in a **waterproof** container or bag so you can be prepared for almost any type of emergency!

We realize there are a lot of items listed here and remember these are just suggestions, however, the more you are prepared... the better off you and your family will be in the event of a disaster!

*(See also **DISASTER SUPPLIES KIT** in **Section 3** which includes suggested items to include in mini kits for CAR and CLASSROOM or LOCKER or OFFICE)*

Items to include in First Aid Kit

Ace bandage(s)
Adhesive bandage strips in assorted sizes
Adhesive tape
Antibiotic ointment or gel
Antiseptic towelettes
Assorted sizes of safety pins
Box of Baking soda
Cleansing agent/soap
Cold pack
Contact lens solution and Eyewash solution
Cotton and Cotton swabs
Copy of ***IT'S A DISASTER!*** ...and what are YOU gonna do about it?
Disposable Face shield for Rescue Breathing
Disposable gloves
Flashlight and batteries - check regularly to make sure it works & batteries are good
Gauze pads
Hydrogen peroxide
Lip balm (one with SPF is best)

Moleskin (for blisters on feet)
Needle(s)
Plastic bags
Roller gauze
Scissors and tweezers
Small bottle of hand lotion
Snake bite kit with extractor
Sunscreen (choose one between SPF 15 and SPF 30)
Thermometer
Triangular bandages
Tube of petroleum jelly or other lubricant

Non-prescription drugs to include in First Aid Kit

Activated charcoal (use if advised by the Poison Control Center)
Anti-diarrhea medication
Antihistamine and decongestant (for allergic reactions or allergies and sinus problems)
Antacid (for upset stomach)
Aspirin, acetaminophen and ibuprofen
Laxative
Potassium Iodide (*see NUCLEAR POWER PLANT EMERGENCY section*)
Syrup of ipecac (used to induce vomiting only if advised by the Poison Control Center)

Tips on items that are inexpensive and widely available:

Activated charcoal - Absorbs poisons and drugs in the stomach and intestines and helps prevent toxins from being absorbed into the bloodstream by coating intestinal walls. (You should check with the Poison Control Center before taking since it doesn't work on all toxic substances.) It is available at natural foods stores and pharmacies in powder, liquid, and capsule forms. The capsules can also be broken open to use the powder for making a paste to apply on insect bites and stings.

Baking soda - aid for occasional heartburn or indigestion; use as substitute for toothpaste; sprinkle in bath water for sore muscles or bites & stings; or make a paste (3 parts baking soda to 1 part water) to use on bee stings & insect bites, poison ivy, canker sores, sunburn, and rashes (but is too strong for infants!)

Hydrogen peroxide - can help clean and disinfect wounds, treat canker sores, gingivitis, and minor earaches. (The reason it foams up on the skin is because of the oxygen at work.)

Meat tenderizer – use to make a paste for many kinds of bites and stings since it breaks down insect venom due to one main ingredient called “papain” (check ingredients for this word!)

Syrup of ipecac (pronounced ip’ - ê - kak) - use only when advised by the Poison Control Center to cause puking and is available at most pharmacies or drug stores in 1 oz bottles

Vinegar - Helps relieve jellyfish stings, sunburn, and swimmer’s ear